

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

022

Primary Registration District No.

4042

Registrar's No.

38017999

STATE FILE NUMBER

0017999

FILED JUN 1 1964

1. PLACE OF DEATH

a. COUNTY

BOLLINGER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LUTESVILLE

Length of stay in 1b
5-DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BOND REST HOME

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

WAYNE

admission)

c. CITY OR TOWN

PIEDMONT, MO.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

304 E. FIR.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

CORA ELLEN HARRIS

4. DATE OF DEATH

Month

Day

Year

MAY 16 1964

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-12-1874

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

MERCHANT AND HOUSEWIFE

11. BIRTHPLACE (City and state or country)

GRASSY, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JACOB SITZE

13b. MOTHER'S MAIDEN NAME

SARAH LUTES

14. NAME OF HUSBAND OR WIFE

THOMAS WALTER HARRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give year or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

MILLARD T. HARRIS, Address 263 S. 426, PIEDMONT, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive heart failure acute

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

uremia

DUE TO (c)

Chronic Pyelonephritis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-64 to 5-64

and last saw her alive on 5-16-64

Death occurred at 8:30 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John N. Englehart 80

(Degree or title)

22b. ADDRESS

Lutesville, Mo.

22c. DATE SIGNED

5-20-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

5-20-1964

23c. NAME OF CEMETERY OR CREMATORY

MASONIC

23d. LOCATION (City, town, or county)

PIEDMONT MISSOURI

(State)

24. FUNERAL DIRECTOR

321 N MAIN

ADDRESS

GISH - PIEDMONT MO.

25. DATE RECD. BY LOCAL REG.

5/25/64

26. REGISTRAR'S SIGNATURE

Mrs. Buford Crader.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUN 9 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hermon W. Gish

Licensed Embalmer No. 3387

P. O. Address Quincy, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.